

**FACTORS AFFECTING DISABILITY MAINSTREAMING IN THE PUBLIC SERVICE
IN KENYA. A CASE OF EMBU LEVEL 5 HOSPITAL**

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**A RESEARCH PROJECT REPORT SUBMITTED TO THE SCHOOL OF
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DECLARATION

This project is my original work and has not been presented for a degree in any other University

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This project has been submitted for examination with my approval as University Supervisor

Signature

Date

MS JUSTER NYAGA

DEDICATION

I dedicate this work to my dear family especially my husband for the time, patience, encouragement and unwavering support during the course of this research.

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Special thanks to my Almighty God for the strength, good health and divine protection throughout my research study. I also acknowledge my supervisor Ms Juster Nyaga for the full dedication and willingness to guide me and most of all being patient with me. I also acknowledge the Management University of Africa for providing resources that enabled me to carry out this research. I also acknowledge the management of Embu level five hospital for allowing me to carry out my research and for providing the necessary information.

ABSTRACT

According to the world statistics one billion people are living with disabilities. Actually 80% of them reside in Africa, Asia and Caribbean countries, and 20% live in western countries. In Kenya 1.75 million people (4.6% of the Kenyan population according to the Kenya Census 2009), are living with disabilities. This number is expected to rise due to increased: population, road accidents, complications from non-communicable diseases, birth defects, domestic violence, acts of terrorism, hereditary and congenital issues. Intergrating people living with disability in the society has been an easy journey given the obstacles or barriers to inclusivity. This study sought to examine how environmental, organizational culture, financial resources and socio cultural factors affect disability mainstreaming in the public service in Kenya. The research design was descriptive survey; the study area was Embu Level 5 Hospital in Embu County in Kenya. The study adopted a stratified random technique where all health officers had a chance to participate. Structured closed ended questionnaire were used to collect data. All completed questionnaires were scrutinized for completeness and consistency. The data was quantitative and was analyzed using the descriptive statistics and simple percentages. The data was further analyzed using simple percentages using Statistical Package for Social Sciences (SPSS) and presented using tables, pie-charts and bar charts. The study ascertains that all the factors researched are all key regarding disability mainstreaming, thus the hospital management should device ways guarding the four factors for meaningful results.

TABLE OF CONTENT

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
ABSTRACT	v
TABLE OF CONTENT	vi
LIST OF TABLES	ix
LIST OF FIGURE	x
ABBREVIATIONS AND ACRONYMS	xi
DEFINITION OF OPERATIONAL TERMS	xii
CHAPTER ONE	1
INTRODUCTION	1
1.0 Introduction	1
1.1 Background to the study.....	1
1.2 Statement of the Problem	4
1.3 Objectives of the study	5
1.3.2 Specific Objectives.....	5
1.4 Research Questions	5
1.5 Justification of the study	5
1.7 Scope of the study	7
1.8 Chapter summary	7
CHAPTER TWO	8
LITERATURE REVIEW	8
2.0 Introduction	8
2.1Theoretical Literature Review.....	8

2.2 Empirical Literature Review	9
2.3 Summary and Research Gaps.....	15
2.4 Conceptual framework	15
2.5 Operationalization of variables	16
2.6 Chapter Summary.....	17
CHAPTER THREE	18
RESEARCH DESIGN AND METHODOLOGY.....	18
3.0 Introduction	18
3.1 Research Design.....	18
3.2 Target Population	18
3.3 Sample and Sampling Techniques	19
3.4 Instruments	20
3.5 Pilot Study	20
3.6 Data Collection Procedure	20
3.7 Data Analysis and Presentation.....	20
3.8 Ethical Consideration	21
3.9 Chapter Summary.....	21
CHAPTER FOUR.....	22
DATA ANALYSIS, PRESENTATION AND INTEPRETATION.....	22
4.0 Introduction	22
4.1 Presentation of Research Findings	22
4.2 Limitations of the Study	29
4.3 Chapter summary	29
CHAPTER FIVE	29
SUMMARY CONCLUSIONS, RECOMMENDATION	30

5.0 Introduction	30
5.1 Summary of findings	30
5.2 Recommendations	30
5.3 Conclusion.....	32
REFERENCES.....	33
APPENDIX I: INTRODUCTION LETTER.....	40
APPENDIX II: QUESTIONNAIRE	41

LIST OF TABLES

Table 3.1 Target population	19
Table 3.3 Sample size.....	19
Table 4.3 Environmental factors	25
Table 4.4 Organizational culture.....	26
Table 4.5 Financial resources.....	27
Table 4.6 Socio – cultural factors.....	28

LIST OF FIGURE

Figure 2.1: Conceptual Model.....	16
Figure 4.1 Respondents Gender	23
Figure4.2 Understanding of disability mainstreaming.....	Error! Bookmark not defined.

ABBREVIATIONS AND ACRONYMS

APDK Association of the Physically Disabled of Kenya

DMS Disability Mainstreaming

EU European Union

SDG Sustainable Development Goals

ILO International Labor Organization

PWDs People with Disabilities

WHO World Health Organization

CRPD Convention on the Rights of Persons with Disability

DMC Disability Mainstreaming Committee

MDAs Ministries, Departments and Agencies

MTEF Medium Term Expenditure Framework

NCPWD National Council for Persons with Disability

OPERATIONAL DEFINITION OF TERMS

Accessibility	Refers to the degree to which a product, device, service, or environment is available to as many people with disabilities as possible whenever they need it.
Disability	Physical or mental or other known impairment or conditions that causes one not to participate socially, economically or an incapability which impact on social, economic and environmental participation.
Disability Mainstreaming	Disability mainstreaming means a strategy through which concerns, needs and experiences of persons with disabilities are made an integral part or dimension of the design, budgetary allocation, implementation, monitoring and evaluation, and reporting of policies and programmes in all political, economic and societal spheres so that persons with disabilities benefit equally and inequality is not perpetuated.
Assistive Devices	Includes implements, tools, equipment, taped texts, audio, visual and pictorial recording, Braille equipment and materials, tactile equipment, orthopedic appliances and other devices and machines of whatever kind for persons with disabilities for their socio-cultural, economic, civil, political well-being of persons with disabilities;
Persons with disabilities	Includes persons with permanent physical, mental, intellectual, developmental or sensory impairments, visual, hearing or Albinism, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others;
Internal mainstreaming:	This concerns institutions' workplace, mainly the employees and internal procedures. It is related to institutional policies, guidelines

and activities addressing disability among employees and immediate family members. Internal mainstreaming is effected when an agency puts in place work place policies that address needs of persons with disabilities and others

External mainstreaming Means adapting core functions of an institution to respond to related needs of persons with disabilities through responsive targets, policies and strategies. The external domain is the organization's mandate and routine work targeting the population it serves.

Assistive Services Refers to any specialized service provided for persons with disability for their political, economic, socio-cultural, civil well-being.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Chapter one shall discuss the background of the study, statement of the problem, objectives of the study, research questions, significance of the study, the scope of the study and then summarizes the whole chapter.

1.1 Background to the study

The social model of disability states that disability is caused by the way society is organized rather than by a person's impairment or difference Steele, (2006). It suggests the removal of physical barriers that restrict choices for disabled people to make them independent and equal in the society, with choice and control over their lives. Attitudes based on prejudice or stereotypes are also barriers that limit disabled people. The medical model states that people are disabled by their impairments. These impairments should be fixed by medical treatment even when it doesn't cause pain. The weakness of this theory is that it looks at what is wrong with the person and not what the person needs. Thus it creates low expectations and leads to people losing independence, choice and control in their lives (Steele, 2006).

Kenya's earliest recorded initiatives for organized care and provisions of Salvation Army Church established a program to rehabilitate blinded men during the Second World War. Though acts of parliament the government established various institutions to give specialized services to people with disabilities. The first institution to be created was the Association for the Physically Disabled of Kenya in 1953 by colonial Legislative Council (Elly Macha, 2007).

Steele, (2006) asserts that most initiatives undertaken in support of people with disability are piecemeal and short-term; representing small investments made on behalf of a handful of recipients over a limited period of time. Worldwide, according to European Union Disability strategy (2010) Persons with disabilities have been ignored and highly perceived as beggars and non-productive, however, the European Union discourages discrimination and highly encourage persons with disability to participate in the economy with support from society (Steele, 2006).

There shall be mainstreaming in order to address the needs of disadvantaged people in terms of policy design and implementation such that they are taken care of by the state in terms of employment and accessibility of infrastructures (Steele, 2006). During the implementation of Disability mainstreaming policy for social inclusion and protection, it is important to approach it holistically in all stages and processes i.e. design, preparation, implementation, Monitoring and Evaluation (Steele, 2006). For that matter, The EU is monitoring and evaluating the impact of Mainstreaming and indicators of the situation of the disadvantaged people (Steele, 2006). There is also a promotion of “Citizens concept of Disability” this enables people with disability to make their own choices and live like non-disabled ones (Steele, 2006).

This therefore means that the Design of policies is to take care of interests of the disabled and enhance care and delivery of services to them as per the (European disability action plan, 2007). As stipulated in the Constitution of the Republic of Kenya, “Persons with disabilities have a right to respect and human dignity and the State and society shall take appropriate measures to ensure that they realize their full mental and physical potential (Steele, 2006).

1.1.1 Environmental Factors

DeJong and colleagues (2002) have observed that health services researchers have tended to overlook people with disabilities, and to the extent that that is true, it may contribute to the limited research on environmental barriers. Moreover, occupational therapists and others knowledgeable about rehabilitation and the barriers that people encounter in health care facilities may not gravitate to health services research. (Markwalder, 2005). Two recent surveys suggest the scope of the accessibility problem in health care facilities (Markwalder, 2005). One survey, which involved approximately 400 Californians with mobility limitations, found that nearly one in five people surveyed had problems with the main entrance to their physician’s office and one-third had problems entering examination rooms (Markwalder, 2005). Among those using wheelchairs, 45 percent reported difficulty using mammography and other imaging equipment, 69 percent reported difficulty using physical examination tables, and 60 percent reported problems with inaccessible weight scales (Markwalder,

2005). More than 90 percent of people with vision problems did not receive medical information in alternative formats (Markwalder, 2005).

1.1.2 Organizational Culture

Use and underuse of health care services by people with disabilities generally do not directly assess the effects of physical access problems (Chan et al., 1999). Underuse of services may be due to a number of environmental factors in addition to physical access, including a lack of adequate health insurance, transportation barriers, and problems with clinician attitudes and competence in caring for people with disabilities (Chan et al., 1999).

Some studies of the use of health care services by people with disabilities hint at possible physical access effects. For example, an analysis based on the Medicare Current Beneficiary Survey found that disability, especially severe disability, was a significant risk factor for not receiving mammograms and Pap smears but not influenza and pneumococcal vaccinations, which do not require major equipment or equipment modifications (Chan et al., 1999).

1.1.3 Financial Resources

Disability and health care access often focus on financial access, in particular, access by people with disabilities to public or private health insurance plans that cover needed services and technologies (Chan et al., 1999). The following discussion examines physical access to health care facilities and equipment and access to information in appropriate forms for people with vision, hearing, cognitive, or other impairments affecting communication (Chan et al., 1999). Many accessibility problems in health care facilities are representative of problems with poorly designed buildings, inaccessible equipment, and inattention to alternative modes of communication that can impede or support independence and participation in schools, stores, government offices, workplaces, and other physical settings (Chan et al., 1999).

1.1.4 Socio-Culture Factors

Another study that used data from the Behavioral Risk Factor Surveillance System in 2010 reported that “people with mild and moderate disability received influenza and pneumonia vaccinations somewhat more frequently than people without disabilities, but people with the most severe disabilities least frequently received vaccinations” (Diab and Johnston, 2004). A recent review of studies of screening for breast and cervical cancer and osteoporosis concluded that women with more severe disabilities were less likely to be screened than women with mild or moderate disabilities (Smeltzer, 2006). An earlier study with data from the National Study of Women with Physical Disabilities found similar results for pelvic examinations but no differences for mammograms for women with or without disabilities (Nosek and Howland, 2011). Again, these various survey findings could reflect a number of factors other than or in addition to the physical accessibility of facilities and equipment.

1.2 Statement of the Problem

In Kenya, the health sector services being offered are currently being implemented within specific projects embedded in programmes that are partially or wholly funded by the government and its international development partners (Olubandwa et al, 2011). The projects’ activities form the bulk of the national extension services that aim at improving the service delivery in the health sector (Olubandwa et al, 2011). People with disability in rural areas of the country continue to rely on relief food and charity from well-wishers for their upkeep, despite the government efforts to reduce poverty (Olubandwa et al, 2011). In addition, efforts to improve the lives of people with disability continue from government agencies, NGOs and others through agricultural extension but the demand far exceeds available resources (Olubandwa et al, 2011). This therefore calls for a disability-inclusive and responsive development even as the world attempts to achieve the Millennium Development Goals so that people with disability do not continue to suffer from discrimination based on society’s prejudice and ignorance (Olubandwa et al, 2011). A well-functioning and accessible health sector operated by the public and private sectors is required for increased productivity to support the people with disability (Government of Kenya, 2012). This study therefore draws its rationale from the need to provide for the socio-cultural, organizational culture, financial resources and economic factors on rights of persons with disability, given that many studies on disability issues have not directly considered the integration of disability mainstreaming in agriculture. Therefore, this

study sought to bring out the factors affecting disability mainstreaming in Embu Level 5 five Hospital.

1.3 Objectives of the study

The study sought to investigate the factors affecting disability mainstreaming in Embu Level 5 five Hospital.

1.3.2 Specific Objectives

- i. To establish how environmental factors, affect Disability Mainstreaming in Embu Level 5 Hospital.
- ii. To determine how the organizational culture affect Disability Mainstreaming in Embu Level 5 Hospital.
- iii. To determine how financial resources, affect Disability Mainstreaming in Embu Level 5 Hospital.
- iv. To establish how socio-cultural factors, affect Disability Mainstreaming in Embu Level 5 Hospital.

1.4 Research Questions

- i. How does the environmental factors affect Disability mainstreaming in Embu Level 5 Hospital?
- ii. How does financial resources affect Disability mainstreaming in Embu Level 5 Hospital?
- iii. How does socio-cultural factors affect Disability mainstreaming in Embu Level 5 Hospital?
- iv. How does organizational culture affect Disability mainstreaming in Embu Level 5 Hospital?

1.5 Justification of the study

The United Nations Economics and Social Council has over time reiterated the need for mainstreaming disability in the development agenda (Olubandwa et al, 2011). Efforts to incorporate people with disabilities into development activities and in the Public Service have been gaining momentum over the years. Disability is a cross-cutting issue that affect all sectors of society. However, there are many barriers to achieve equal opportunities for people with disabilities. Many people with disabilities

continue to experience discrimination in areas such as access to resources and employment. In addition, institutional capacity building is an important feature on integrating disability issues into development programmes. The Public Service staff need to be educated and equipped with knowledge and skills to understand disability issues and create an environment that promote full participation of people with disabilities.

This study has therefore been necessitated by the fact that many people with disabilities have not been integrated in the Public Service. The study is meant to highlight factors and barriers that affect this integration. The findings of this study will enable policy makers identify areas they can address to further enhance the integration of disability mainstreaming in the Public Service. Productive and decent work enables people with disabilities to realize their aspirations, improve their living conditions and participate more actively in society (Olubandwa et al, 2011). Ensuring a disability perspective in all aspects of policy and labor legislation, effective implementation and enforcement of existing disability laws and policies and providing for equal employment opportunities and training are among the factors that contribute to the reduction of poverty and to the social and economic inclusion of people with disabilities in Kenya (ILO October 2009).

The United Nations Economics and Social Council has over time reiterated the need for mainstreaming disability in the development agenda (ILO October 2009). This has been in response to the adoption of the resolutions of the Convention on the Rights of Persons with Disabilities drawn in December 2006 and effected in May 2008 by 155 countries, Kenya included (ILO October 2009). This study could therefore be important in the development context to contribute pertinent information to governments, organizations of people with disability and civil society for consideration in their efforts towards achieving equality for people with disabilities (ILO October 2009).

Mainstreaming disability requires including PWDs in planning, implementation, and evaluation, addressing barriers to inclusion in programmes, employment, government planning, and collection of statistics within its local programmes such as APDK. Therefore, this study aims at bringing to the fore the factors affecting disability

mainstreaming in the public service. This would enable the respective sector players to take appropriate measures in order to be in line with the rights of persons living with disability. This research could provide pathways via which various disability mainstreaming aspects can be fully realized from a point of knowledge of the prevailing issues. The public officers implementing the performance contracting targets could find the research findings helpful as they upscale their efforts in line with Vision 2030 and the SDGs.

1.7 Scope of the study

The study was carried out in Embu Level 5 Hospital in Embu County targeting public officers in all departments as the study population. A population of 347 officers was targeted. A working day was found most appropriate because all officers were on duty. Embu level five hospital is located at the Nairobi-Meru highway. The study took four months to complete from June 2018 to September 2018.

1.8 Chapter summary

This introductory chapter provided a background to the study; a statement of the research problem, objectives of the study, research questions, significance of the study ,scope and chapter summary. Finally, the chapter presented an overview of the chapters that follow and laid the foundation for this dissertation. The next chapter provides comprehensive literature on the factors affecting disability mainstreaming in Embu Level 5 five Hospital.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews available literature on the concept of disability and the rationale behind mainstreaming in the developing world to bring forth findings of previous studies. The focus of the review begins by examining the Social Oppression theory and Theory of Change are related to the study of disability mainstreaming. The chapter ends with the review of the empirical literature in the area of disability mainstreaming.

2.1 Theoretical Literature Review

2.1.1 The Social Oppression Theory

This study has concentrated on the social model which suggests that the society has failed in making adequate allowance for people with disability in entering the mainstream (Carson, 2009). Carson (2009) argues that it is not impairment that causes disability but the way in which society has disregarded to include people with disabilities in all spheres of development. This model of disability is further defined in the study as a particular form of social oppression that focuses on attitudinal, environmental and organizational barriers which prevent disabled people from having equality of opportunity in education, employment, housing, transport, leisure, etc (Carson, 2009). Thus when public service harbors negative attitude towards disabled persons, allow existence of unfriendly environment and fails to deal with organizational barriers for disabled persons, this is then the form of oppression that inflicted on Persons living With Disability (PWDs) in public service.

This practice denies PWDs the opportunity to maximize their potential which is attained by promoting their participation and productive involvement in the society. Through this ideology, people with disabilities are supposed to be given the opportunity to maximize their potentials by promoting their participation and productive involvement in the society (Carson, 2009).

2.1.2 Theory of Change

A Theory of Change (TOC) is a tool for defining the building blocks and processes required to bring about long-term results and social changes. Like any good planning and evaluation method for social change, it requires participants to be clear on long-term goals, identify measurable indicators of success, and formulate actions to achieve goals (Weiss,1995. Weiss (1995) defines a theory of change quite simply and elegantly as ‘a theory of how and why an initiative works’. Sometimes the TOC is elaborated into more detailed logical chains and results based frameworks. Disability mainstreaming to bear fruits, it should be built on firm principles. The legal framework has to be strong without loopholes to facilitate the process.

2.2 Empirical Literature Review

2.2.1 Environment

Three types of attributes of the physical environment need to be in place to support human performance (Corcoran and Gitlin, 2011). The first attribute is object availability. Objects must be in a location that is useful, at a level where they can be retrieved, and must be organized to support the performance of the activity(Corcoran and Gitlin, 2011). Neither a sink that is too high for a wheelchair user nor a telecommunications device for the deaf (TDD) that is kept at a hotel reception desk is available (Corcoran and Gitlin, 2011). The second attribute is accessibility which means that accessibility is related to the ability of people to get to a place or to use a device (Corcoran and Gitlin, 2011). Accessibility permits a wheelchair user to ride a bus or a braille user to read a document (Corcoran and Gitlin, 2011). The third attribute is the availability of sensory stimulation regarding the environment. Sensory stimulation, which can include visual, tactile, or auditory cues, serves as a signal to promote responses(Corcoran and Gitlin, 2011). Examples of such cues could include beeping microwaves, which elicit responses from people without hearing impairments, or bumpy surfaces on subway platforms, which tell users with visual impairments to change their location (Corcoran and Gitlin, 2011). The physical conditions still exist, but in one environment they may become disabling and in another environment they might not (Corcoran and Gitlin, 2011). Another example might be that a person who has limited walking ability will be less disabled in a flat geographical location such as Chicago than he or she would be in a hilly location such

as Pittsburgh, although the person would also be more disabled in both places during the winter than during the summer (Corcoran and Gitlin, 2011). Thus, the ordinary atmosphere, including geography and weather, distress whether or to what grade a functional restraint will be incapacitating (Corcoran and Gitlin, 2011).

The physical environment is a complex interaction of built-in objects (Corcoran and Gitlin, 2011). Built objects are created and constructed by humans and vary widely in terms of their complexity, size and purpose. Built objects are created for utilitarian reasons and also for an outlet for creativity (Corcoran and Gitlin, 2011). Built For instance, built objects such as dishwashers and computers have the potential to enhance human performance or to create barriers. (Corcoran and Gitlin, 2011). Built

2.2.2 Organization Culture

Good health is a prerequisite for participation in a wide range of activities including education and employment. Persons with disabilities have the right to enjoy the highest attainable standard of health without discrimination on the basis of disability (Corcoran and Gitlin, 2011). Disability is associated with a diverse range of primary health conditions. Most health promotion and prevention activities do not target persons with disabilities, yet they are more vulnerable to poor health. They may experience greater vulnerability to secondary conditions, age related conditions, health risk behaviours and higher rates of premature deaths. People with disabilities tend to be disempowered and deprived of economic and social opportunities and security because of social and physical barriers in society (Eldal 2013). They tend to be poor by all poverty standards material deprivation, low human development, lack of voice and influence, and acute vulnerability to economic, social, and health risks (Eldal 2013). Furthermore, they are also underserved by most public and private institutions and services (Eldal 2013).

The role of the health sector in the prevention of disabling conditions, in addressing disabling diseases and limiting their effects, as well as in rehabilitation is central. Therefore, health sector interventions should address the disability dimension to best facilitate poverty reduction (Eldal 2013). Approaches to analyzing health risks, service supply and demand, and the performance of the health care sector from a disabled people's perspective will require a framework that goes beyond the health sector and the traditional medical approach to disabilities. Community based approaches that are integrated into primary health care (PHC) strategies and

“Education for All” programs are often cost-effective alternatives to disability-targeted projects specifically (Eldal 2013).

However, such cross-sector approaches require a medium- or long-term investment not only in policy development and management structures and capacity, but in community participation and empowerment of people with disabilities (Eldal 2013). The number of people with disabilities is growing fast. The service gaps are wide and growing (Eldal 2013).

Disability-specific interventions can only reach and benefit a minority of disabled people who are in need of curative and rehabilitative services (Eldal 2013). This note aims to introduce perspectives, concepts, and guidelines that may facilitate the effective inclusion of a disability dimension in health sector development plans and operations (Eldal 2013). Information and communication technologies play a critical role in enabling persons with disabilities to live independent lives and fully participate in society on an equal basis with others in all aspects of life. Accessibility to information enhances access to opportunities for persons with disabilities (Eldal 2013).

The National Disability Mainstreaming Strategy (2017-2021), recommended the following measures to improve communications with persons with disability: Train staff and management in ICT sector on pertinent disability issues; sensitize the public and service providers on use of disability-friendly language; exempt from duties, taxes and other levies on equipment and materials used in the production of information in accessible formats for persons with disabilities; Provide incentives to service providers such as public and private broadcasters, media outlets, and institutions of learning, research and libraries which provide user friendly information to persons with disabilities (Corcoran and Gitlin, 2011).

A 1999 Cornell University survey found that 22% of employers reported that attitudes and stereotypes were a barrier to employment of people with disabilities in their own firms (Bruye`re, 2010). In addition, among those who made changes to enhance the employment of people with disabilities, 32% of employers in the Cornell survey said that it was difficult or very difficult to change supervisor and co-worker attitudes, while only 17% said this about creating flexibility in the performance management system, and 17% said this about modifying their return to work policies. The

importance of corporate culture is indicated by the Cornell survey's finding that 81% of private-sector employers said visible top-management commitment was effective or very effective for reducing barriers to employment for persons with disabilities, while 62% said this about staff training and 59% said this about mentoring efforts (Bruye`re, 2010). These surveys show that a substantial share of employers believe that employer, supervisor, and co-worker attitudes are a significant problem. The impact of an organization's social environment on the incidence of disability is reviewed by Yandrick (2010), who notes that "psychosocial and work environmental factors are far more accurate predictors of disability than physical factors,"

2.2.3 Financial Resources

The KRA's domestic Financing of the disability-related sector is similar to the institutional and financing structure of a country's health, social protection, and social services. The financing of work-related disabilities can be provided by commercial insurance systems (Bruye`re, 2010). The poorest and most vulnerable groups are seldom eligible for these services. In most countries the main financial source for disability services is the public sector and general revenues (Bruye`re, 2010). Public sector involvement is needed to produce adequate services for people with disabilities, because the health care market is vulnerable to market failures, such as monopolies, supplier-induced demand, and goods with externalities (Bruye`re, 2010). Although public intervention may ensure protection and access to services, the actual production of services can be done privately or by public agencies. Nonetheless, monitoring mechanisms are needed to ensure that the intended services are delivered to the target population (Bruye`re, 2010). The public sector can contract with nongovernmental organizations or other private groups to make health care services available to people with disabilities (Bruye`re, 2010).

Kenya embraced disability mainstreaming in the year 2013, where 500 million shillings were allocated to the ministry of education and 400 million shillings added to improve procurement of special devices allowing disability mainstreaming in public institutions in Kenya. Mainstreaming disability can only be realized when public institutions allocate adequate funds towards mainstreaming (Eldal 2013).

In general implementation of disability mainstreaming in public is highly affected by financing aspect. In developing countries, there is limited for disability mainstreaming

and have developed measures to reduce and reduce and recover the expenditure and increase revenue where possible (Eldal 2013).The government through the Public procurement and Disposal Preference and Reservations (amendment) regulations 2013 has provided that 30% of all public procurement spent within a given financial year should be set aside for the youth, persons with disability and women (Eldal 2013).

Persons with disabilities continue to face exclusion and discrimination in their communities, including in areas of education, employment and healthcare (Eldal 2013). Evidence indeed indicates that the promotion of inclusive development for persons with disabilities is beneficial for all in development (Eldal 2013). In order to ensure inclusive and necessary support services for persons with disabilities (including social protection aimed at the full inclusion of persons with disabilities), it is important for the development agenda to recognize and include persons with disabilities in development (Eldal 2013). This includes adequately financing for disability-relevant services and support. Clear political will and allocation of adequate resources for mainstreaming, including additional financial and human resources, are important for translation of the concept into practice (a strategy for achieving equality for persons with disabilities) (Eldal 2013).

2.2.4 Social cultural factors

Problems of disability are largely manifested in social contexts and social relations rather than in an individual's medical condition. People living and interacting with PWDs tend to treat them differently in relation to the individual's disability, their perception of disability and the extent of social stigma in that community regarding disability. A study by Stevens (2002) of the work of handicapped individuals in three parts of industry found that while enactment, for example, the UK Disability Discrimination Act 1995 is prompting to a diminishment in the physical boundaries anticipating individuals working, attitudinal hindrances and absence of access to professional success are still significant issues. It was likewise noticed that most workers with debilitations held secretarial or junior specialized parts with very few in administrative areas.

The persons with disabilities are varied in terms of the nature of their disability and face a number of challenges which hinder their full participation in social, political

and economic development at the national, regional and international levels. (Eldal 2013).Key amongst these challenges are; stigmatization; poor access to education which causes high levels of illiteracy; negative attitude and portrayal in the society; high levels of poverty; a culture of abuse including discrimination at home, in education, employment, health, leadership, politics, decision-making processes, and public transport system. Similarly, there are systemic challenges associated with disability (Eldal 2013).

Community attitudes and practices embedded in cultural beliefs, taboos, rites of passage and religion can create obstacles to PWDs' participation in social or economic activities. The survey found that it is a common belief among a majority of the communities in Nyanza, Western, Eastern, Coast and Rift Valley provinces that disability is a curse. According to one participant in rural Kisii, we enclose them indoors. It is a curse and great shame to the family. Some families do not even mention their names or talk about them, (Kenya national survey for persons with disability, 2007). There is discernment that handicapped individuals will probably have mishaps and be less gainful (Perry, 2010; La Grow and Daye, 2004).

The low desires of individuals supporting crippled individuals in looking for some kind of employment who may push the good and legitimate commitments of utilizing individuals as opposed to the regale and aptitudes of handicapped individuals. Managers' states of mind to utilizing debilitated individuals are clearly impacted by any past experience of utilizing incapacitated individuals. Businesses which have utilized disabled individuals have more inspirational states of mind than the individuals who have not utilized them. Demeanours frequently fluctuate as indicated by the perceivability of the disability Studholme, (1994). Attitudes and practices embedded in cultural beliefs, taboos and religion create obstacles to the participation of PWDs in both social and cultural activities. Additionally, women and girls with disabilities suffer double discrimination because of their gender and impairment and are more likely to be victims of physical and sexual abuse (AUB, 2007).

The right to education remains unrealized for many persons with disabilities. Yet education is key to ensuring that persons with disabilities develop their human potential fully and that they enjoy the exercise of other rights such as the right to work and employment (Eldal 2013). While the government aims to ensure an inclusive

education system for all, realising this goal faces many hurdles (NNDMS 2017-2021). Training, or absence of instruction, is likewise observed as a contributing element to the low cooperation rates in the workforce. Likewise, with other individuals, there is a solid relationship between capability level and whether an incapacitated individual is monetarily dynamic (Meager and Hibbett, 1999). Dim and Neale (1991) found that numerous individuals on the Invalids Benefit, who by and large have a changeless handicap, have accomplished just the most reduced school capabilities. Along these lines 22 gatherings of recipients with long haul debilitations were to the least extent liable to have been in work in the most recent two years(Eldal 2013).

Despite the fact that entrance to training has enhanced in the course of the most recent ten years, handicapped individuals still have a tendency to be less very much qualified than individuals without impedances. "In 2011, while 66.3% of abled bodied individuals had achieved school or post-school capabilities, the figure for the handicapped was 48.6 % (Mintrom and True, 2004). This is viewed as adversely affecting on the business prospects of impaired individuals in a workplace which values and rewards high expertise levels.

2.3 Summary and Research Gaps

The literature reviewed reveals that mainstreaming disability is key if the world was to tap to the potential in people living with disability. Both theories examined in this study i.e. change theory and the Social Oppression Theory point out the need of looking at the issue of disability rationally without oppressing PWDs while keen in defusing meaningful change in the process of promoting inclusivity in the society and more so in this case the public service. The empirical literatures highlight how the factors i.e. environmental, financial, social cultural and organizational culture affects disability mainstreaming. This literature doesn't comprehensively explain how directly and indirectly the factors hinder or promote disability mainstreaming and in each case what can be done to effectively promote inclusivity by mainstreaming disability.

2.4 Conceptual framework

This section presents the conceptual framework comprising of the main ideas that will govern the study. A conceptual framework refers to the relationship between variables

in the study and their graphical or diagrammatical relationship (Mugenda & Mugenda 2003). In this regard, a conceptual framework defines the inter relationship between variables deemed important in a study.

Independent Variables
Variable

Dependent

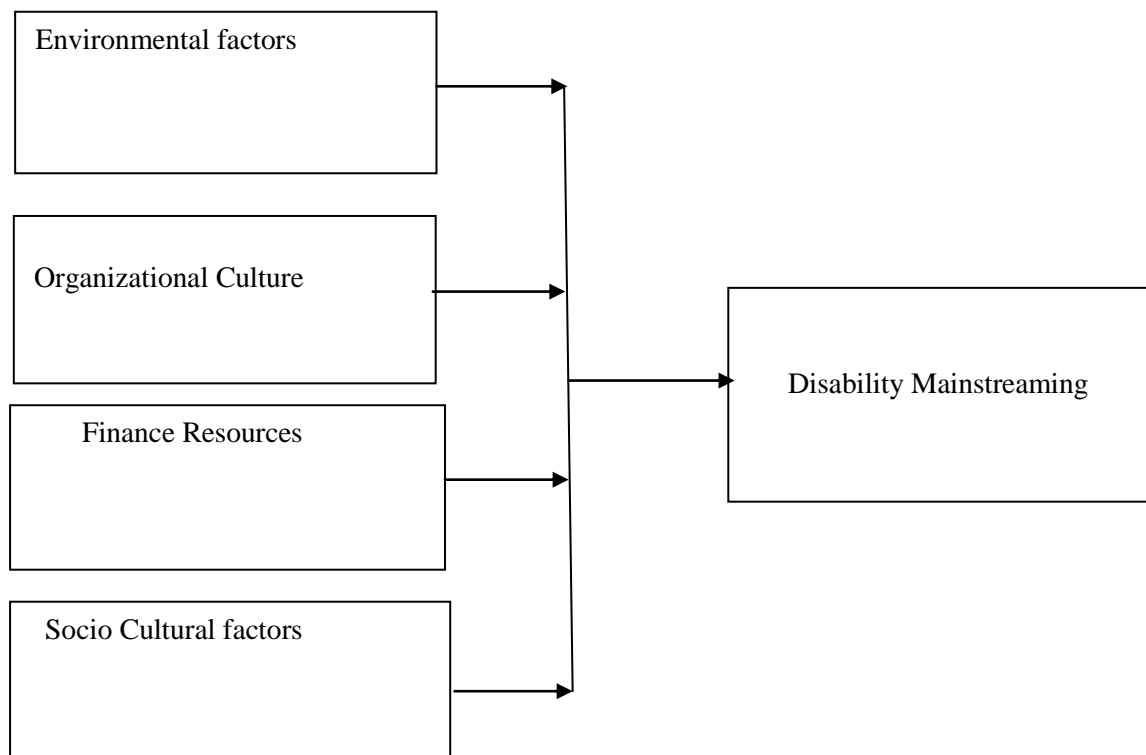


Figure 2.1: Conceptual Model

2.5 Operationalization of variables

Environmental factors include issues like; built environment, topography, weather among others. Organizational culture includes matters to do with courtesy, communication, professionalism. Finance resources on the other hand include tax relief and budgetary provision, while socio-cultural factors include stigma and discrimination, attitudes, belief and stereotypes.

Variable	Indicators
Environmental factors	Built environment Topography Weather
Organizational Culture	Courtesy Communication Professionalism
Finance Resources	Tax Relief Budgetary Provision
Socio Cultural factors	Stigma and Discrimination Attitudes Belief and Stereotypes
Disability Mainstreaming	Increased personal growth Greater access to health facilities Enhanced skills

2.6 Chapter Summary

This chapter has studied current works on factors influencing disability mainstreaming as presented by various investigators in relation to deficiency and authorization of people with disability. Based on this expansion perspective, the researcher in this study identified the key indicators to be used for each variable which account for personal opinions, organizational cultures and actual observable conditions. In the analysis, it shows the relative importance of levels of environment, financial, social cultural and organizational culture (independent variables) to disability mainstreaming (dependent variable). The theoretical and conceptual frameworks which outline the relationship between the dependent and independent variables identified for the study and their indicators are also provided. Adherence to environment, financial, social cultural and organizational culture factors ensures socially imposed disabling barriers are removed and the twin track approach that

encourages mainstream inclusion working alongside disability specific initiatives are highlighted. Some literature gaps were found missing in both variables.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

In this chapter, the study highlights methodology used to carry out the study. The areas covered in this study include the research design, target population, sample size and data collection method.

3.1 Research Design

This assumed a Quantitative research using a descriptive survey design. Survey research design, is ideal for gathering information regarding people's behaviors, feelings and opinions about disability mainstreaming. The data is collected using questionnaires issued to members of an identified population. The design was found appropriate as it sought to describe how the study variables; environmental, organization culture, socio-cultural and financial resource allocation influence the integration of Disability Mainstreaming. (Kombo & Tromp 2006) argues that the survey method is widely used for evaluating present practices and proving basis for decision.

3.2 Target Population

Embu Level 5, Teaching and Referral Hospital, in Embu County is situated along Nairobi, Embu Meru road. It is in Manyatta sub county, Embu County. It has 347 public employees dispersed in 50 operational departments. The hospital also serves the counties of Kirinyaga, Tharaka Nithi and Machakos. The study target population was 347 health officers. The sample was composed of medical officers, nurses, clinical officers, socio – medical and laboratory technologists.

Table 3.1 Target population

Description/Cadre	Total
Medical Officers	30
Pharmacists	8
Nurses	247
Clinical Officers	33
Medical Technologists	30
Total	347

N = 35

Source: Human Resource Department Embu Level 5 Hospital (2018)

3.3 Sample and Sampling Techniques

According to Mugenda and Mugenda 2003, a sample of 10 -30% of the total population is enough for the study, 10% of 347 formed a sample size of 35 health officers. A stratified random sampling method was employed to arrive at the study sample. The researcher then distributed 35 questionnaires.

Table 3.3 Sample size

Description/Cadre	Total	Sample Size
Medical Officers	30	3
Pharmacists	8	1
Nurses	247	24
Clinical Officers	33	4
Medical Technologists	30	3
Total	347	35

N = 35

Source: Human Resource Department Embu Level 5 Hospital (2018)

3.4 Research Instruments

The data was collected by use of a structured questionnaire that was used to draw responses from the health officers in all of Embu Level 5 Hospital departments. The questionnaire contained closed ended questions for ease of analyzing data. Questionnaires were used since they are cheap and are easy to distribute.

3.5 Pilot Study

In order to carry out a reliable study, the researcher carried a process of testing the feasibility of the project proposal, recruitment of subjects, research tool and data analysis. The subjects the researcher used for piloting the data collection instrument were not factored later in the study. The pilot study was necessary and useful in providing the groundwork in this research project. The researcher took five questionnaire to the respondents at Embu level five hospital where the researcher got to know whether they understood the questions.

3.5.1 Validity

Validity determines whether the research truly measures what it was intended to measure or how truthful the research results are (Joppe, 2010). To achieve validity, since questionnaires were not self-administered the researcher purely relied on the responses given by the participants (Subjects).

3.5.2 Reliability

The researcher was determined to carry out a credible study. To achieve this, the researcher developed a structured questionnaire with closed ended questions. The researcher piloted the instrument and purely relied on the data as keyed in by the respondents even when the reseracher doesn't agree with the results.

3.6 Data Collection Procedure

The researcher administered the questionnaire individually to all respondents of the study. By keeping a register of the questionnaires sent and those received, the researcher ensured that the questionnaires that were given out to the respondents were all collected. Both primary and secondary data was collected and used in this study.

The questionnaires assisted to gather and generate the primary data. Secondary data was gathered from published material and information from other sources such as annual reports, company, libraries, research centers, and internet.

3.7 Data Analysis and Presentation

Questionnaires collected were checked for errors and completeness and data analyzed using the descriptive statistics in simple percentages and the same data analyzed using Statistical Package for Social Sciences and presented using tables, pie charts, and bar charts.

3.8 Ethical Consideration

Cresswell (2009) mentions that the researcher must anticipate any ethical issues that may arise during the qualitative research process, especially for research involving collecting data from people, about people (Punch, 2005).

The researcher used the right protocol by seeking official permission from hospital management. In addition to this, at the top of each questionnaire there was an opening statement outlining the purpose of the research and an assurance to the responded that the information they will give will be treated as confidential and will only be used for the study only. This fact did indeed prevail to date.

3.9 Chapter Summary

The researcher settled on descriptive survey design. It is a case study of Embu level five hospital where a small sample has been picked to represent the total population. The study is a quantitative study where a likert scale has been widely used. The researcher settled on a structured questionnaire with closed ended questions. The results were analysed using in simple percentages and presented in pie charts, bar graphs and tables.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTEPRETATION

4.0 Introduction

In this chapter the data collected on the factors influencing Disability Mainstreaming in Public Service in Kenya, a case of Embu level 5 Hospital is presented, analyzed and interpreted. The analysis, presentation and interpretation of the data as focused on how environment, organizational, financial allocation and socio cultural factors influence disability mainstreaming in Embu Level 5 Hospital. The data was analyzed using tables, pie-charts, bar charts and figures.

4.1 Presentation of Research Findings

Presentation of the findings was done according to the research questions. All questions were presented in form of tables and charts.

4.1.1 Response Rate

The study sought to investigate on the response rate of the respondents

Table 4.1 Response Rate

Status	Respondents	Percentage (%)
Response	35	1000%
Non response	0	0%
Total	35	100

Table 4.1 indicates that the study used thirty-five (35) questionnaires which were issued to respondents at the hospital. All the 35 were successfully filled and returned. Therefore, all the respondents (100%) responded to the study questionnaire. According to Mugenda & Mugenda (2003) and also Kothari (2004) a response rate of 50% is adequate for descriptive study.

4.1.2 Gender of the respondents

The study sought to investigate on the gender of the respondents.

Table 4.2 Respondents Gender

Status	Respondents	Percentage (%)
Married	16	54%
Single	19	46%
Total	35	100

Table 4.2 indicates that majority of respondents 54% were female and 46% were male, this shows gender was evenly distributed among the respondents.

4.1.3 Marital status of respondents

Data was collected to show marital status of respondents.

Table 4.3 Marital status of respondents

Status	Respondents	Percentage (%)
Married	17	49%
Single	17	51%
Total	35	100

Table 4.3 indicated that the marital status of the respondents were of the percentage since the single people were 51% while the married were 49%. This was a clear indication that Embu level five hospital had both single and married people.

4.1.4 Age of the Employees

The researcher sought to analyze the data on age distribution among the employees at Embu level five hospital. There was therefore the need to obtain the age of the employees.

Table 4.4 Age of the respondents

Age Bracket	Respondents	Percentage (%)
18-24 Years	5	14%
25-34 Years	8	23%
35-44 Years	11	31%
45-50 Years	8	23%
Above 50 Years	3	9%
Total	35	100%

Table 4.4 indicated that majority of the respondents were of 35-44 years (31%), 25-34 years and 45-50 years were of 23%, 14% were of the age of 18-24 years while those above 50 years were 9%. This was an indication that Embu level five hospital had mature and experienced employees.

4.1 5 Level of education

The study sought to establish level of education of respondents.

Table 4.5 Level of education

Level of education	Respondents	Percentage (%)
Primary	0	0%
Secondary	6	17%
Graduate	19	54%
Post Graduate	10	29%
Total	35	100%

Table 4.5 indicates that majority of the respondents (54%) were graduates, 29% were post graduates, and 17% were of the secondary level of education. This was indication that Embu level five hospital employees are educated. The secondary level employees are the support staff and the office messengers. This was a clear indication that jobs are well laid out to the qualified personnel in the company.

4.1.6 Environmental factors

The physical environment is an intricate communication of built-in objects. Built objects are shaped and built by humans and vary widely in terms of their complexity, size and purpose. Built substances are shaped for serviceable details and also for an opening for originality.

Table 4.6 Environmental factors

Statements	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree	Percentage
	Percentage					Percentage
1. The built environment (lifts, ramps, modified washrooms, wide doors) has made life of the people with disability easier when in hospital	51.0	37.0	3.0	9.0	---	100.0
2. For persons with albinism, the hospital has put measures to address problems brought by the sun.	6.0	31.0	37.0	23.0	3.0	100.0
3. In steep areas, the hospital has put in place hand rails and ramps for easy navigation by people with disabilities	20.0	34.0	26.0	20.0	---	100.0
N=35						

The study found out that 51% of the respondents agreed that the built environment in the facility has made life of PWDs easier while in hospital. 37% has confirmed that the hospital has put in place facilities like hand rails, ramps for persons with disability in steep terrain. However, the study found (34%) out that the hospital has not put up measures to address problems of the sun that affect persons with albinism. Thus built environment plays a role in integrating PWDs in our institutions. This was an indication that Embu level five ensured that PWDs are well taken care of since the

pavements were well built. The study also found that there were no enough sunscreen for persons with albinism and also there were no enough wheel chairs.

4.1.7 Organizational culture

People with disabilities tend to be disempowered and deprived of economic and social opportunities and security because of social and physical barriers in society. They tend to be poor by all poverty standards material deprivation, low human development, lack of voice and impact, and severe susceptibility to economic, social, and health risks. Furthermore, they are also underserved by most public and private institutions and services (Eldal 2013).

Table 4.7 Organizational culture

Statements	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree	
	Percentage					Percentage
1. Our organizational culture of respect for all and does not allow discrimination for persons with disability	46.0	49.0	3.0	3.0	---	100.0
2. The annual observance of the international day of disabled persons is celebrated in this institution with persons with disability taking lead.	20.0	20.0	46.0	14.0	---	100.0
3. As part of professional development, knowledge about disability is routinely covered in continuous public service training	11.0	40.0	40.0	6.0	3.0	100.0
N=35						

From this study the hospital culture indicated that it does not allow discrimination for persons with disability. Majority, 49% of the respondents indicated that continuous training is undertaken in regards to disability issues. However, a significant 40%

disagree that there is professional development training. It was noted that 46% of the respondents confirmed that the institution does not observe the international day of persons with disability. This was an indication that the institution carries out frequent training on the staff on the different physical and technological issues that PWDs faced. This was also an indication that the institution did not allow discrimination of PWDs and by the staff or patients.

4.1.8 Finance Resources

In order to ensure inclusive and necessary support services for persons with disabilities (including social protection aimed at the full inclusion of persons with disabilities), it is important for the development agenda to recognize and include persons with disabilities in development. This includes adequately financing for disability-relevant services and support.(Burt,2008).

Table 4.8 Financial resources

Statements	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree	
	Percentage				Percentage	
1. With adequate financial allocation, we can afford better infrastructure favoring persons with disability.	66.0	14.0	17.0	---	3.0	100.0
2. With adequate finances, more employees would be sensitized more on persons with disability	65.0	35.0	---	---	---	100.0
3. With adequate funding, additional assistive devices (wheel chairs) and signage would be provided	66.0	26.0	6.0	---	2.0	100.0
N = 35						

Table 4.8 indicated that majority of the respondents 66% indicated that with adequate financial resources better infrastructure favoring persons with disability, more sensitization about disability and additional assistive devices and signage would be

provided.65% indicated that With adequate finances, more employees would be sensitized more on persons with disability.66% indicated that With adequate funding, additional assistive devices (wheel chairs) and signage would be provided. This was a clear indication that the institution needed more funds from donors, stakeholders, and the government and well-wishers to chip in the development of the PWDs so as to ensure that PWDs are comfortable while in the institution.

4.1.9 Socio – Cultural factors

People living and interacting with PWDs tend to treat them differently in relation to the individual’s disability, their perception of disability and the extent of social stigma in that community regarding disability.

Table 4.9 Socio – cultural factors

Statements	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	
	Percentage				Percentage	
1. Stigma and discrimination influence treatment given to persons with disability in this hospital.	31.0	29.0	14.0	17.0	9.0	100.0
2. Attitudes as a result of cultural background inform team leaders when forming working groups in the hospital	9.0	37.0	33.0	18.0	3.0	100.0
3. Culturally persons with disability are given special treatment	15.0	50.0	23.0	12.0	---	100.0
4.Traditional considerations and beliefs view persons with disability as weak people, denying them chance for career growth	15.0	53.0	6.0	17.0	9.0	100.0
N=35						

Table 4.9 indicates that majority of the respondents 31% indicated that the treatment given to persons is influenced by stigma and discrimination. 50% agreed that Persons with Disability are generally accorded special treatment. Further 53% confirm that traditional consideration and beliefs view persons with disability as weak denying them chance for career growth. Attitudes as a result of cultural background inform team leaders when forming working groups in the hospital, however this statement is confirmed by 37% by the respondents. This was a clear indication that Embu level five hospital was keen on the social-culture factors since they greatly affected the PWDs.

4.2 Limitations of the Study

Some of the respondents feared to give the information. The researcher assured them of confidentiality and that the information was used for academic purposes only. Some of the respondents had busy schedules, however the researcher overcame this by distribution the questionnaire and the left them for a period of two weeks so that the respondents could fill at their own free time.

4.3 Chapter summary

This chapter contains the presentation of the research findings, limitations of the study and the chapter summary. The next chapter consists of the summary of the findings, recommendations and conclusions of the study.

CHAPTER FIVE

SUMMARY CONCLUSIONS, RECOMMENDATION

5.0 Introduction

This chapter includes summary, conclusion and recommendations.

5.1 Summary of Findings

All the 35 were successfully filled and returned. Therefore, all the respondents (100%) responded to the study questionnaire. 54% were female. This shows gender was evenly distributed among the respondents. 51% were married. This was a clear indication that Embu level five hospital had both single and married people. Majority of the respondents were of 35-44 years (31%). This was an indication that Embu level five hospital had mature and experienced employees. Majority of the respondents (54%) were graduates. This was a clear indication that jobs are well laid out to the qualified personnel in the company.

Majority (51%) of the respondents agreed that the built environment in the facility has made life of PWDs easier while in hospital. 37% has confirmed that the hospital has put in place facilities like hand rails, ramps for persons with disability in steep terrain. However, the study found (34%) out that the hospital has not put up measures to address problems of the sun that affect persons with albinism. Thus built environment plays a role in integrating PWDs in our institutions. This was an indication that Embu level five ensured that PWDs are well taken care of since the pavements were well built. The study also found that there were not enough sunscreens for persons with albinism and also there were not enough wheel chairs.

Majority (49%) of the respondents indicated that continuous training is undertaken in regards to disability issues. However, a significant 40% disagree that there is professional development training. It was noted that 46% of the respondents confirmed that the institution does not observe the international day of persons with disability. This was an indication that the institution carries out frequent training on the staff on the different physical and technological issues that PWDs faced. This was also an indication that the institution did not allow discrimination of PWDs and by the staff or patients.

Majority of the respondents 66% indicated that with adequate financial resources better infrastructure favoring persons with disability, more sensitization about disability and additional assistive devices and signage would be provided. 65% indicated that With adequate finances, more employees would be sensitized more on persons with disability. 66% indicated that With adequate funding, additional assistive devices (wheel chairs) and signage would be provided. This was a clear indication that the institution needed more funds from donors, stakeholders, and the government and well-wishers to chip in the development of the PWDs so as to ensure that PWDs are comfortable while in the institution.

Majority of the respondents 31% indicated that the treatment given to persons is influenced by stigma and discrimination. 50% agreed that Persons with Disability are generally accorded special treatment. Further 53% confirm that traditional consideration and beliefs view persons with disability as weak denying them chance for career growth. Attitudes as a result of cultural background inform team leaders when forming working groups in the hospital, however this statement is confirmed by 37% by the respondents. This was a clear indication that Embu level five hospital was keen on the social-culture factors since they greatly affected the PWDs.

5.2 Recommendations

5.2.1 Environmental factors

The study concluded that environmental factors affect disability mainstreaming in Embu Level 5 Hospital; thus the hospital management should intensify efforts to address problems associated with weather such as sun rays on persons with albinism, and make steep areas more navigable.

5.2.2 Organizational culture

The study concluded that the management should promote the welfare and appreciation of persons with disability and improve on professional development in impacting knowledge on disability. Therefore, hospital should address the disability dimension to best facilitate poverty decrease. Approaches to analyzing health risks, service supply and demand, and the presentation of the hospital from a disabled

people's perspective will require a framework that goes beyond the health sector and the traditional medical approach to disabilities. Community based approaches that are integrated into primary health care (PHC) strategies and "Education for All" programs are often cost-effective alternatives to disability-targeted projects specifically.

5.2.3 Financial resources

The study concluded that the hospital should enhance budgetary provisions and in addition seek financial support from the National Council for Persons with Disabilities Fund for better infrastructure favoring persons with disability. Such additional funding shall assist in sensitization on disability.

5.2.4 Socio-cultural factors

The study concluded that the institution could create awareness on disability issues to minimize stigma, stereotypes, traditional beliefs and attitudes towards them.

5.3 Conclusion

5.3.1 Environmental factors

The study concluded that the environment which includes the built environment, weather and topography affect how persons with disability are able to navigate in their workplace and be protected from the harmful effects of the sun. This study denotes that the hospital has generally addressed most effects of built environment but has done little with regards to sun protection and access to steep terrain within the hospital. These factors affect Persons with Disability in the work station.

5.3.2 Organizational culture

The study concluded that it was apparent that professional development in regard to disseminating knowledge about disability was not adequately addressed as part of training in the hospital. In addition, observance of important days that are important to PWDs are not well observed.

5.3.3 Financial resources

The study concluded that the hospital has a culture of respect that has does not allow discrimination of PWDs. implementation of disability mainstreaming in public is highly affected by financing aspect. Persons with disabilities face the stigma and discrimination from their communities, schools, employment and most of all the health sector.

5.3.4 Socio-cultural factors

The study concluded that socio cultural issues largely affect stigma, stereotypes and attitudes are apparent and affect how PWDs are treated. Businesses which have utilized disabled individuals have more inspirational states of mind than the individuals who have not utilized them. Women and girls with disability experience more discrimination because of the sex and impairment and more likely to be victims of physical and sexual abuse whereby the society is not keen on giving justice to the victims.

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APPENDIXI: INTRODUCTION LETTER

ONDIEKI NYANCHAMA LILIAN

ODL-BML/5/00178/1/2015

Management University of Africa
Embu Branch

28th July, 2018

Dear Respondents,

RE: INTRODUCTION LETTER TO RESPONDENTS

I am an undergraduate student at Management University of Africa. I am required to submit a research project report on “factors affecting disability mainstreaming in the public service in Kenya (A Case of Embu level five hospital)” as part of requirement for the award of Bachelor Degree of leadership and management. To achieve the objectives of the study I am required to collect information from the Embu level five hospital employees and you have been chosen as respondents.

I kindly request you to fill the attached questionnaire to generate data required for this study. The information I will obtain from you or your organization will be used for this academic purpose only and will be kept confidential. The results of the survey will be in summary form and will not disclose any individual or organization information in any way.

Your cooperation will be highly appreciated.

Thank you in advance

ONDIEKI NYANCHAMA LILIAN

APPENDIX II: QUESTIONNAIRE

The following are questions that have been formulated to access the factors that affect disability mainstreaming in the public service.

Participation in this study is voluntary and information filled shall be treated with utmost confidentiality. Your identity shall not be exposed.

Please answer the following questions to the best of your ability according to the instructions given.

Thank you in advance.

SECTION A: DEMOGRAPHIC FACTORS

1) Gender

Male ()

Female ()

2) Marital status

a) Single []

b) Married []

c) Other (specify)

3) Age of the respondent

a) 18-24 Years []

b) 25-34 Years []

c) 35-44 Years []

d) 45-50 Years []

f) Above 50 Years []

4) Highest academic qualification

- a) Primary []
- b) Secondary []
- c) Graduate []
- d) Post Graduate []

SECTION B: Please put a tick (✓) in the box next to the answer you have chosen. Give your opinion on the following statements.

1 = strongly agree 2 = agree 3 = not sure 4 = disagree 5 = strongly disagree

		Strongly agree	Agree	Not sure	Disagree	Strongly Disagree
1	I understand what disability mainstreaming means					
	ENVIRONMENTAL					
2.	The built environment (lifts, ramps, modified washrooms, wide doors) has made life of people with disability easier when in the hospital					
3	For persons with albinism, the hospital has put measures to address problems brought by the sun					
4	In steep areas, the hospital has put in place hand rails and ramps for easy navigation by people with disabilities					

	ORGANIZATION CULTURE	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree
5	Our organizational culture of respect for all does not allow discrimination for persons with disability					
6	The annual observance of the International Day of Disabled Persons is celebrated in this institution with persons with disability taking lead					
7	As part of professional development knowledge about disability is a routinely covered in continuous public service training					
	FINANCIAL RESOURCES					
8	With adequate financial allocation, we can afford better infrastructure favouring persons with disability					
9	With adequate finances, more employees would be sensitized more on persons with disability					
10	With adequate funding, additional assistive devices (wheelchairs) and signage would be provided					

	SOCIO-CULTURAL					
11	Stigma and discrimination influence treatment given to persons with disability in this hospital.					
12	Attitudes as a result of cultural background inform team leaders when forming working groups in the hospital					
13	Culturally persons with disability are given special treatment					
14	Traditional considerations and beliefs view persons with disability as weak people, denying them chance for career growth					